

Work Order ID 102692

Tuesday, June 11, 2013 8:58:46 AM

102692

Page 1

Item ID: D3183-045

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Bearing Assembly

Stop

NS2

Start Date: 6/11/2013 Start Qty: 20.00

20

Cust Item ID:

Required Date: 6/12/2013 Req'd Qty: 20.00

20

Customer:

Reference:

Approvals: Process Plan: *ML*Date: *13-6-11*

Tooling:

Date:

Run Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
--------------------------------	--------------------------	----------------------	---------	--------	--------------	---------------	---------------	------------------	----------------

Draw Nbr	Revision Nbr
----------	--------------

D3183	Rev C1
-------	--------

130

130

Small Fab

0.00

20x

13/06/11

Small Fab

Memo

0.00

Press D3183-5 Bearing into D3183-9 Cap as per Dwg D3183.

*dps
13-6-12*

140

140

QC5- Inspect part completeness to step on W/O

0.00

20

QC

Quality Control

Memo

0.00

150

150

Packaging

Packaging

Identify as per dwg & Stock Location: *ST235B* 0.00

Memo

0.00

20X

*13.06.13
SP*

DQA:

Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date: _____

Work Order update only

Work Order: _____	DISPOSITION	AGAINST DEPARTMENT/PROCESS							
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY									
Landing Gear	General								
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced	<input type="checkbox"/>
Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up	<input type="checkbox"/>
Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure	<input type="checkbox"/>
Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld	<input type="checkbox"/>
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled	<input type="checkbox"/>
Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>		<input type="checkbox"/>
Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other	<input type="checkbox"/>
Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

Work Order ID 102692

Tuesday, June 11, 2013 8:58:46 AM

102692

Page 2

Item ID: D3183-045

Accept

N900040100

Setup

Start

NS1**Revision ID:****Item Name:** Bearing Assembly

Stop

NS2**Start Date:** 6/11/2013 **Start Qty:** 20.00***20*****Cust Item ID:****Required Date:** 6/12/2013 **Req'd Qty:** 20.00***20*****Customer:****Reference:****Approvals:** Process Plan:**Date:****Tooling:****Date:**

Run

Start

NR1

QC:

Date:**SPC (Y/N):****Date:**

Stop

NR2**Sequence ID/
Work Center ID**

160

160

QC

Quality Control

**Operation
Description**

QC21- Final Inspection - Work Order Release

**Set Up/
Run Hours**

0.00

Tool ID

Tool #

**Plan
Code****Accept
Qty****Reject
Qty****Reject
Number****Reject
Stamp****Insp.
Stamp**

13/6/13 JH

PLB-JK-13

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only

<p>Work Order: _____</p> <p>Part No. _____</p> <p>NCR No. _____</p>	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS Skid-tube <input type="checkbox"/> Crosstube <input type="checkbox"/> Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Thermoforming <input type="checkbox"/> Finishing <input type="checkbox"/> Large Fab <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
---	--	---

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY									
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Pressure/Forced Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	<input type="checkbox"/> Other				

--> Picklist Print

Tuesday, June 11, 2013 8:58:45 AM

Page 1

Work Order ID: 102692

Parent Item: D3183-045

Parent Item Name: Bearing Assembly

Start Date: 6/11/2013

Required Date: 6/12/2013

Comments: IPP A04.02.18 New issue KJ/DS

Start Qty: 20.00

Required Qty: 20.00

DQA: _____ Date: _____

Date:



WORK ORDER NON-CONFORMANCE / UPDATE

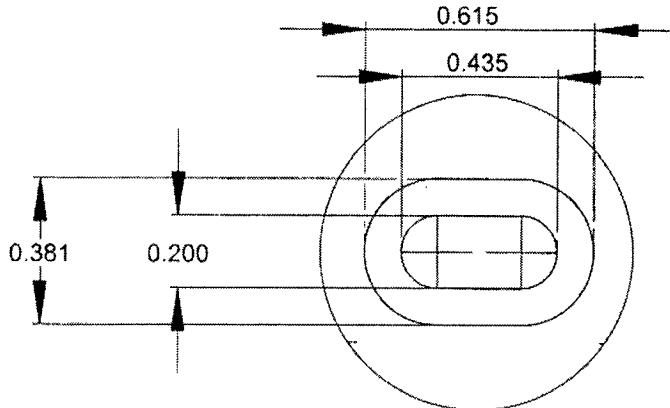
QA Closed: _____ Date: _____

Work Order update only

Work Order: _____				DISPOSITION		AGAINST DEPARTMENT/PROCESS								
				Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>						
Root Cause		Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Design <input type="checkbox"/>	Doc/Data <input type="checkbox"/>	Equip/Tooling <input type="checkbox"/>	Handling/Pre <input type="checkbox"/>	Material <input type="checkbox"/>	Operator <input type="checkbox"/>	Offset/Setup <input type="checkbox"/>	Process <input type="checkbox"/>	Supplier <input type="checkbox"/>	Training <input type="checkbox"/>	Transport <input type="checkbox"/>	Unapproved <input type="checkbox"/>			
FAULT CATEGORY														
Landing Gear				General										
Bending <input type="checkbox"/>	Centre Not Concentric <input type="checkbox"/>	Cracks <input type="checkbox"/>	Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Cuffs <input type="checkbox"/>	Crushing <input type="checkbox"/>	Heat Treat <input type="checkbox"/>	Inspection Strip in Tube <input type="checkbox"/>	Marks/Chatter <input type="checkbox"/>	Turning Sequence <input type="checkbox"/>	Wave/Twist in Tube <input type="checkbox"/>	Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function <input type="checkbox"/>	Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other <input type="checkbox"/>



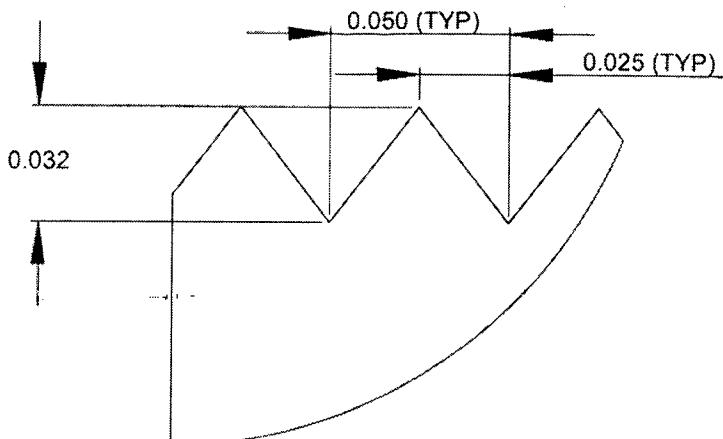
DESIGN	DRAWN BY	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA
CHECKED	APPROVED	DRAWING NO. D3183
DATE	04.02.17	REV. C SHEET 4 OF 4 TITLE SCALE 1:1 BRACKET ASSEMBLY



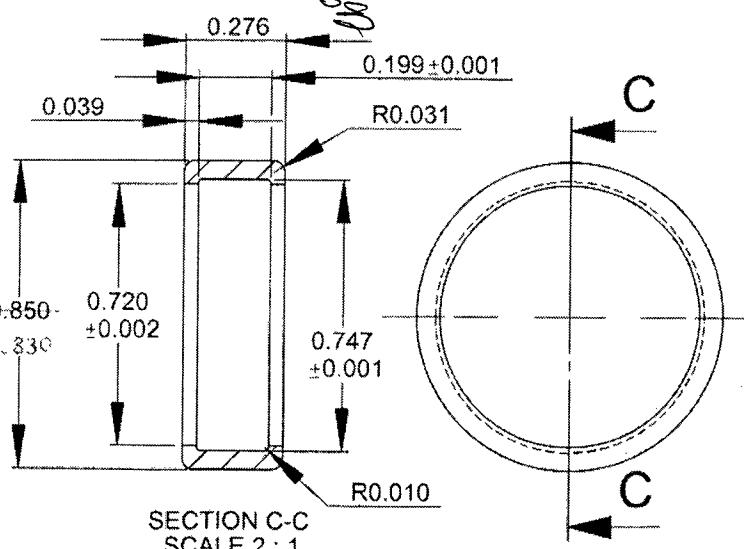
DETAIL A (2 : 1)

RELEASED
04.03.01

DET ATTACHED



DETAIL B (20 : 1)



D3183-9 CAP

- 1) MATERIAL: DELRIN ROD, Ø1.00
(REF DART SPEC. M-DELRIN-R1.00)
- 2) TOLERANCES ARE PER DART QSI 018
UNLESS OTHERWISE NOTED
- 3) ALL DIMENSIONS ARE IN INCHES

D3183-045 BEARING ASSEMBLY

- 1) ASSEMBLE D3183-5 BEARING AND
D3183-9 CAP

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed:

Date:

Work Order update only

<p>Work Order: _____</p> <p>Part No. _____</p> <p>NCR No. _____</p>	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS Skid-tube <input type="checkbox"/> Crosstube <input type="checkbox"/> Machining <input type="checkbox"/> Small Fab <input type="checkbox"/> Thermoforming <input type="checkbox"/> Finishing <input type="checkbox"/> Large Fab <input type="checkbox"/> Composite <input type="checkbox"/> Water Jet <input type="checkbox"/> Prod. Eng. Coor. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/>
---	--	---

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear	General	Folio/Program	Outside Dimensions
Bending	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Pressure/Forced Set-up <input type="checkbox"/>
Centre Not Concentric	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>
Cracks	Broken/Damage/Defect <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Weld <input type="checkbox"/>
Crimp/Kink/Ripple/Wave	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>
Cuffs	Contamination <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	
Crushing	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	
Heat Treat	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	
Inspection Strip in Tube	Drawing <input type="checkbox"/>	Off-set <input type="checkbox"/>	
Marks/Chatter	Drill Holes <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>	
Turning Sequence	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>	
Wave/Twist in Tube	Fit/Function <input type="checkbox"/>		